

Integrated Statewide Information Systems  
REQUEST FOR AGENCY ISIS USERID-AFS

**Submit** **Close**  
**Clear** **Menu**

Current Userid **Agcy Group #**

**First Name**

**Last Name**

**Title**

**Work Telephone**

**Supervisor's Name**

**Work Mailing Address**

**Will USERID bill agencies outside its Agcy Group?** ☐ Yes ☐ No

**Do these billings require approval by the buyer?** ☐ Yes ☐ No

Should you need to call for assistance with your USERID you may be requested to provide your mother's maiden name and/or your father's first name to confirm that you are the USERID's true owner.

**Mother's Maiden Name**

**Father's First Name**

**User's Email**

**Agency/Dept. Name**

**Security Admin** **AFS Security Profile**  
No

**BUNDL Mailcode(s)**

**Action**

- ☐ New USERID
- ☐ New to AFS
- ☐ Name Change
- ☐ Chg. Group No.
- ☐ Chg. Profile
- ☐ Add BUNDL Codes
- ☐ Chg. BUNDL Code
- ☐ Del. USERID
- ☐ Re-Activate

**Authorization to Assign USERID**

(To be completed by Agency Security Administrator or representative of Appointing Authority) I verify that the individual whose name appears on this form is currently employed at the agency named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the agency or be assigned to another duty station that I am to contact the Division of Administration SIS security administrator within one working day of the employee's change in status.

**Agency Security Administrator**

**SA Phone**

**SA Email**

**SA/Liaison Comments**

**Agency Liaison**

**Liaison Phone**

**Liaison Email**